



Presentation to the House Committee on Human Services: STAR Health Program

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STAR Health Program

- Implemented in April 2008, STAR Health is a Medicaid managed care model designed to improve services and better coordinate care for:
 - Children in DFPS conservatorship
 - Youth ages 18-22 who sign extended foster care agreements
- Former Foster Care Children (FFCC) receive Medicaid through age 25 and are served in STAR Health until their 21st birthday
- Young adults ages 18 through 20 not meeting FFCC eligibility criteria may still qualify under Medicaid for Transitioning Foster Care Youth (MTFCY)
- Total enrollment as of May 2016 is over 31,000

STAR Health Program

- In addition to all Medicaid-covered services, STAR Health provides:
 - Immediate eligibility and access to a statewide provider network
 - Increased focus on behavioral health services
 - Service management and coordination teams
 - Access to an electronic health passport through STAR Health's electronic health information system
 - A range of value-added and case-by-case added services that support foster placements
- Enhancements in the new contract include value-added services and case-by-case added services
- STAR Health features critical to children with trauma and behavioral health issues include:
 - Psychotropic Medication Utilization Review (PMUR)
 - Psychiatric Hospital Diversion Services

Service Management for High Needs Youth

- The managed care organization (MCO) completes a telephonic general screening for every new member and at every placement change
- If a need for service management is identified:
 - The member is enrolled in service management and followed by a clinical team member (LPC, LCSW, RN)
 - A healthcare service plan is completed within 30 days of enrollment
 - The service plan is updated at every placement change and on a regular basis, and uploaded to Health Passport
- If a need for service coordination is identified:
 - The member is followed by a degreed professional
 - Ongoing telephonic assistance is provided in coordinating care

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- The MCO reviews the psychotropic regimen of all STAR Health members
 - Reviews can result in four determinations:
 - Within parameters
 - Outside parameters, but found to be within the standard of care
 - Outside parameters, and there is opportunity to reduce
 - Outside parameters, and there is risk for or evidence of significant side effects
 - Since 2005:
 - Overall use of psychotropic medications has decreased by 48%
 - Class polypharmacy and 5 or more concurrent psychotropics has decreased by 74%

Health Passport

- Health Passport is an electronic health record viewable by healthcare providers, residential providers, DFPS staff, medical consenters, and CASA staff, which contains:
 - A face sheet - displays a summary of care for each child
 - Patient history module - displays a visit list for medical, behavioral health, vision, and dental
 - Medications module - displays a list of medications filled
 - Assessment module - displays healthcare service plans, psychotropic reviews, Texas Health Steps exams, Child and Adolescent Needs and Strengths (CANS) assessments, and more
 - Additional detail is available in modules for contacts, allergies, immunizations, labs, growth chart, and appointments
- Health Passport is accessible by mobile device

Psychiatric Diversion Program

- Designed to decrease unnecessary acute psychiatric hospitalizations while improving placement stability
- The three key components are:
 - A mobile crisis team with a licensed professional immediately evaluates the child in crisis and assists with stabilization
 - A group home site provides crisis stabilization, intensive outpatient group programming, and individual and family therapy while services and training are provided to the family
 - A child psychiatrist provides medication oversight and management
- Available now in Ft. Worth, San Antonio, and Houston, and Abilene

Psychiatric Diversion Program Participation

- In 2015, Superior's Turning Point program diverted 102 children and youth from inpatient psychiatric facilities in the Fort Worth area toward less restrictive treatment options
- In the first three quarters of 2016, there have been 112 more successful diversions:
 - Only 9 of these have admitted to an inpatient facility within 90 days following treatment
 - Only 8 of these have experienced a placement change within 90 days

Case-by-Case and Value-Added Services

- Case-by-case services are non-Medicaid services offered on a per case basis when medically necessary and cost-effective, and may improve the health status of the member:
 - Equine therapy with Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth who have frequent psychiatric admissions and have experienced trauma
 - Trauma informed peer support for caregivers struggling with behavior supports for the youth in their home
 - Practice visits to a dentist or OB/GYN when the actual visit may trigger a traumatic experience for the youth
- Value-added services are non-Medicaid services or incentives that promote improved outcomes and are offered to all members for whom the service is appropriate

Other Enhancements

- Foster Care Centers of Excellence (FCCOE) provide a medical home that includes practice guidelines specific to treating children in foster care
- Transitioning Youth Program (TYP) provides outreach, education and assistance to young adults transitioning to independent living, which includes:
 - Self-managing their own healthcare
 - Staying connected to needed benefits and services
 - Transitioning from STAR Health to other Medicaid programs
 - Awareness of all available programs, services, and supports
- Service Coordination Pilot
 - Align resources, incentives and objectives between STAR Health and a child placing agency
 - Goal is to improve health care outcomes and support placement stability